

**APPLICATION FOR  
A**

**PREARRANGEMENT SALES LICENSE**

*Submit this application at least 21 days prior to a  
scheduled Cemetery Board meeting for action.*

FOR VALIDATION ONLY

**FEE: \$140.00**

FULL NAME OF APPLYING FIRM			APPLICANT NAME (OWNER/PRESIDENT)		
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. (   )
FULL NAME OF CORPORATION, IF DIFFERENT FROM ABOVE					
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. (   )
LOCATION OF CEMETERY OR FIRM (STREET ADDRESS)		CITY	STATE	ZIP	TELEPHONE NO. (   )
TYPE OF BUSINESS ENTITY <input type="checkbox"/> Profit Corporation <input type="checkbox"/> Non-Profit Association <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____					
APPLICANT HAS OPERATED THE FIRM SINCE			DATE FIRM WAS INCORPORATED		
TYPE(S) OF PREARRANGEMENT(S) TO BE SOLD <input type="checkbox"/> Opening/Closing <input type="checkbox"/> Setting Fees <input type="checkbox"/> Vaults or Liners (other containers) <input type="checkbox"/> Other Burial Receptacles _____ <input type="checkbox"/> Markers <input type="checkbox"/> Date Completion (scroll, death date) <input type="checkbox"/> Vases <input type="checkbox"/> Cremation Services <input type="checkbox"/> Niches – undeveloped <input type="checkbox"/> Urns <input type="checkbox"/> Mausoleum Crypts – undeveloped <input type="checkbox"/> Lots/Graves – undeveloped (including lawn crypts) <input type="checkbox"/> Other _____					
DEPOSITORY OF PREARRANGEMENT TRUST FUND – NAME OF BANK					
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. (   )
NAME OF BANK					
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. (   )
FUNDING OPTION TO BE USED <input type="checkbox"/> A. Funding the first 50% collected from sale. <input type="checkbox"/> B. Funding 50 cents of each dollar collected from sale. <input type="checkbox"/> C. Funding the last 50% collected from sale (bond required) – complete the following section.					
(OPTION "C" ONLY) BONDING AGENCY NAME			NAME OF AGENT		
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE NO. (   )
HOW WAS THE VALUE OF THE BOND CALCULATED (PREVIOUS SALES VOLUME, PROJECTIONS, ETC.)?					

**Attach a detailed narrative of the sales program to be used:** Number of salespersons, prospecting and sales method(s), sales philosophy. Also, attach samples of all brochures, print media and radio advertising, and direct-mail letters that may be used in the course of the sales program.



ADDITIONAL COMMENTS OR INFORMATION THAT MAY BE USEFUL TO THE CEMETERY BOARD IN DETERMINING THE APPLICANT'S QUALIFICATIONS

NAME, BUSINESS AND RESIDENCE ADDRESS OF OWNER(S), PARTNER(S), MEMBERS OF THE BOARD OF DIRECTORS AND OFFICERS OF THE CORPORATION OR ASSOCIATION, TRUSTEE(S), AND GENERAL MANAGER. LIST ADDITIONAL NAMES ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

This application must be executed by the principal officer named above, and the signature must be verified by a notary in the section below.

I hereby warrant that all statements made in this application are true and correct.

Signed at \_\_\_\_\_, in the county of \_\_\_\_\_, state of \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ A.D.

Name of business entity: \_\_\_\_\_

**X**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Title*

This is to certify that the applicant \_\_\_\_\_ before me personally appeared and executed the within and foregoing instrument and acknowledged the said instrument to be a free and voluntary act.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ A.D.

Notary public in and for the state of \_\_\_\_\_

Signature: \_\_\_\_\_ Residing at: \_\_\_\_\_

Notary's Name (*printed or stamped*): \_\_\_\_\_

My commission expires: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A PREARRANGEMENT SALES LICENSE

Those wishing to pre-sell opening/closing, setting fees, liners, vaults, burial receptacles, markers, completion dates or markers, vases, cremation services, urns, undeveloped niches, crypts, lots, or any other undelivered cemetery goods or services must complete this application and be granted a license before making such sales in the state of Washington.

**21 Day Requirement** – In order that the application may be reviewed and distributed to the board members prior to a Cemetery Board meeting, the Board has directed that the application be on file at the Cemetery Board office at least twenty-one (21) days prior to its next scheduled meeting. To determine what the next scheduled meeting date is, please call (360)664-1555, or write to the Board at P. O. Box 9012, Olympia, WA 98507-9012. If a considerable period of time will lapse between the filing of the application and a scheduled Board meeting, a provisional license may be issued, provided that the application meets a satisfactory review.

All questions are to be answered as fully as possible. If additional space is needed, you may add additional pages.

**Full Name of Applying Firm:** Give the full name of the firm that will be making prearrangement sales. The applicant is the owner or chief officer of the applying firm. Telephone number is to be a day phone.

**Full Name of Corporation, if Different:** Provide corporation name, if different from the firm name above. If the corporation is owned by a holding company, disclose the holding company name here.

**Location of Cemetery or Firm:** List an address that can be visited within the state of Washington by persons buying pre-sold items, if different from the Applying Firm's address above.

**Type of Business Entity:** Mark the box describing your type of business.

**Applicant Has Operated the Firm Since:** List the number of years the applicant has operated the firm.

**Date Firm was Incorporated:** List the incorporation date – not the cemetery founding date.

**Type(s) of Prearrangement(s) to be Sold:** Mark the appropriate boxes of all items that the applicant expects to pre-sell. If a license is granted, it will be only for the items listed on the application at the time of Board consideration. Annual renewals offer the same choices which can be added or removed, as the applicant chooses.

**Depository of Prearrangement Trust Fund:** List all depositories (*banks*) that are to be used for holding prearrangement trust funds.

**Funding Option to be Used:** Select only one funding option. Funds collected subject to trust deposit are due in the depository no later than the twentieth (20th) day of the month following receipt. If option "C" is selected, the applicant must submit a bond with the application which runs to the state of Washington. Value or amount of the bond is to be the maximum unfunded liability in prearrangement sales estimated for one year. Example: If \$10,000 in sales are made during a year, what will be the maximum dollar amount subject to trust within the receivables and cash in transit at any given time?

**Bonding Agency Name:** Provide the name of the agency from which the bond is purchased, and the agent's name.

**How was the Value of the Bond Calculated?:** Explain how the amount or value of the bond was arrived at. Follow the example given in "Funding Option to be Used" above. Use dollar amounts in the explanation.

**Attach a Detailed Narrative of the Sales Program to be Used:** The narrative should plainly describe the sales program envisioned. The Cemetery Board wants to know what it is you plan to do.

**Additional Comments or Information That May be Useful to the Board in Determining the Qualifications of the Applicant:** Items such as a background in cemeteries, sales, accounting, etc. would be most helpful.

**Name, Business and Residence Address of...:** List all persons involved in ownership. If there are more than seven (7) owners, list officers and/or persons that control the company. List the manager, if different from the owner(s).

**This Application Must be Executed by the Principal Officer Named Above:** The applicant must complete this section before a notary public.

Should you have any questions concerning this application, please call the Cemetery Board office Monday through Friday, 8:00 – 5:00 for assistance. Telephone: (360) 664-1555.